



Child's Last Name _____ First _____ Middle _____

Child's Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Phone _____ Church member? Y/N Where _____

Previous Childcare (if applicable) _____

Medications taken regularly _____

Allergies/Reactions _____

(Required fields for billing purposes)

Father's Name _____ SS# _____ Birthdate ___/___/___

Address Same as child Other _____

Employer _____ Work phone _____

Cell phone _____ E-mails Address _____

(Required fields for billing purposes)

Mother's Name _____ SS# _____ Birthdate ___/___/___

Address Same as child Other _____

Employer _____ Work phone _____

Cell phone _____ E-mail Address _____

Statement of Cooperation

In making application for my child, I take full responsibility for all weekly and/or monthly fees incurred in regards to my child's enrollment at Firm Foundations. I understand that there are no refunds on registration fees (materials included). I will also give a two week written notice upon leaving this program along with the full tuition for the remainder of my term.

I also give permission for my child to take part in all school activities and absolve the school/church from liability to me or my child because of any injury to my child at school/church or during any activity.

Parent's Signature _____ Date _____
 _____ Date _____

